

EDUCATION TOUR RESERVATION REQUEST FORM

| Contact Information | | | | | | |
|--|--------------|------------------------------------|------------|---------------|----------|--|
| Contact Name | | | | | | |
| School Name and Address | | | | | | |
| School District | | | | | | |
| Cell Phone | School Phone | ool Phone | | Email Address | | |
| Preferred Method of Contact? | | Best Time to Call? | | | | |
| Reservation Details | | | | | | |
| Number of Students | | Grade Level(s) of Students | | | | |
| Number of Teachers | | Number of Chaperons | | | | |
| Date Requested | | Time Requested (please circle one) | 10:00 AM | OR | 10:30 AM | |
| First Alternate Date | | Time Requested (please circle one) | 10:00 AM | OR | 10:30 AM | |
| Second Alternate Date | | Time Requested (please circle one) | 10:00 AM | OR | 10:30 AM | |
| Remarks (Please let us know if there are special needs and accommodations, including specific topics you would like us to cover. We'll do our best to address) | | | | | | |
| Below Section for Administrative Use Only | | | | | | |
| Received: | Scheduled: | | Confirmed: | | | |

You may submit this form by fax or mail using the contact information provided above or by email at NixonEducation@nara.gov.